

Remarks for US Secretary of Health and Human Services Kathleen Sebelius
AIDS 2012 Opening Session
Washington, DC
July 22, 2012

Fellow speakers, delegates, colleagues, and friends: on behalf of President Obama, I'm pleased to welcome the International AIDS Conference back to the United States. And I want to give a special welcome to those living with HIV/AIDS who've traveled here from around the world. The HIV entry ban was a bad policy, based on faulty science, that ran contrary to America's deepest values. We are proud that the Obama Administration overturned it, and we are proud to be your hosts once again.

As we gather this week, we have many reasons to feel hopeful. Around the world, new infections are falling. The ranks of those on treatment are growing. In countries where AIDS has taken its greatest toll, life expectancies are beginning to rise once again.

In the United States, infections among injecting drug users have dropped more than 80 percent. Pediatric cases of HIV are down more than 90 percent.

The last time this conference was held on American soil, there was no effective treatment for HIV. Today, someone diagnosed with HIV and treated before the disease is far advanced can have a nearly normal life expectancy.

These gains have been accompanied by long-awaited breakthroughs in science, including the recent finding that treatment itself is among the best forms of prevention.

As a result, we've reached a point where the goal of an AIDS-free world, once a far-off dream, is now within sight.

And yet, we don't have to look far to be reminded of how far we have to go. Right here in Washington, one in every 16 black men is HIV-positive and data show an alarming increase in the infection rate among some black women. Nationally, HIV infections have stopped falling, and are actually rising among young gay and bisexual men. And millions around the world living with HIV are not getting the antiretroviral treatment that could save their lives.

We've come together this week because we know that now is not the time for easing up, slowing down, or shifting our focus. If we are going to reach our ultimate goal of an AIDS-free generation, we must all challenge ourselves to do more – to reach even more people, to make programs even more effective and accountable, to push the boundaries of science even further.

For President Obama, that has meant starting from day one to build on the extraordinary legacy of PEPFAR left to us by President Bush's administration. PEPFAR is one of

the great health success stories of the 21st century – an achievement the American people and the program’s partner countries can be very proud of.

Our task now is to make it even stronger. Under President Obama, we’re on pace to achieve an ambitious goal of reaching an additional two million people around the world with life-saving treatment by the end of 2013. At the same time, we’re putting a renewed focus on the key “combination prevention” interventions that have proven most effective in combating HIV.

And we’re also looking to the future and strengthening partnerships with local governments and other organizations to ensure our efforts are sustainable and have a lasting impact. I’m proud that about half of the treatment in PEPFAR is supported by our Department’s Centers for Disease Control and Prevention, primarily through local partners, including Ministries of Health, which can often achieve better results at a lower cost. And I want to personally thank our colleagues at USAID and the State Department for their partnership, and Ambassador Goosby for his tremendous leadership.

We must also continue adding to our arsenal for fighting the disease. This week, our Department’s Food and Drug Administration will announce that more than 150 antiretroviral drugs are now available through PEPFAR. And we are pushing forward in other areas too. For example, our Department recently developed a simple laboratory test that detects recent HIV infection, a major development that will help us better evaluate and improve our prevention efforts.

Finally, we must continue to support efforts to make life-saving AIDS drugs more affordable. One of the most important developments of the last decade is the drop in price of generic AIDS medications from \$10,000 a year per person to as little as \$85 per person in some countries today. But there is more work to be done. That’s why the United States has increased our support for the Global Fund. And it’s why we will continue to support the Doha Declaration on TRIPS and Public Health, which affirms countries’ right to protect public health, including through the flexibilities afforded by the TRIPS Agreement.

Here in the United States, there is much more to be done too. When we work with countries through PEPFAR, the first step is to establish a comprehensive national strategy. But until President Obama came into office, we had never taken that basic first step here at home.

Now, we have. The National HIV-AIDS strategy unveiled two years ago has given a new sense of direction and purpose to our domestic response.

It starts with more funding. For roughly a decade before the President came into office, domestic HIV prevention funding had been flat. Since President Obama has come into office, resources have increased every year. And on Thursday, we announced nearly \$80 million for HIV/AIDS treatment, which will expand care for 14,000 new patients, and which states say will allow them to fully clear their ADAP waiting lists.

Under the new strategy, we're also targeting our resources more effectively to the communities that have been hardest hit. Already, we've made key changes in how we distribute funds to health departments for prevention, moving to a new formula that better reflects the needs of today. And we're focusing on the interventions that have been proven to work best, including testing, linkage to care, and treatment.

And I'm proud to say that today Americans have better access to these life-saving interventions than ever before. Thanks to the historic health care legislation signed by President Obama, America is finally on its way to joining the rest of the industrial world in making affordable health coverage available to all our citizens. And we're outlawing the worst abuses of an insurance industry that often sought to lock people with HIV/AIDS out of the market, cap their care, or cancel their coverage without cause.

Yet we know that it is not enough to simply make HIV testing and treatment more available. Too many people are slipping through the cracks. We can do better. We must do better.

Last week, I visited an organization called Community Education Group just a few miles from here that's getting impressive results with a new approach to HIV testing and treatment.

Instead of just handing patients a referral slip when they get a positive result, they immediately schedule a doctor's appointment for sometime in the next day. Then they provide transportation for the first five visits. Nationally, our linkage to care rate is just 77 percent. We need to scale up the proven practices that help close that gap between testing and treatment.

And we must recognize that the health care system can't do this alone. The key intervention that helps someone stay on their HIV treatment might be substance abuse counseling to help deal with an addiction. It might be protection from an abusive partner. It might be an education campaign that helps reduce homophobia or promotes gender equality. Our goal should be to do whatever is necessary to help get and keep people in life-saving treatment.

Perhaps the most important principle in our national strategy is one we've been reminded of over and over again in our response to HIV/AIDS: none of us can do this alone. That's why we're making a new effort to reach out to community-based organizations, businesses, foundations, NGOs, faith organizations and more. And this evening, I'm proud to announce four new public-private collaborations that will make it easier for Americans to get HIV care.

First, we're launching a partnership with Walgreens to begin a three-year trial exploring how pharmacies can help patients stay on their medications. Second, we're working with Medscape, the leading provider of online continuing education for US clinicians, to create new training programs to help them better understand and address the needs of patients with HIV. Third, we're launching two partnerships with the MAC AIDS Fund: a mobile texting pilot

program called UCARE4LIFE to help patients get important reminders and tips for managing their disease, and a joint project with PEPFAR that will bring together international leaders to explore how lessons learned through PEPFAR could be applied to the US.

Finally, we've joined together with the eight largest AIDS drug companies to create a single application form for AIDS medications offered through their patient assistance programs. This application will make it far easier for patients to get their life-saving drugs, and all eight companies – Abbot Laboratories, Boehringer Ingelheim, Bristol Myers Squibb, Gilead, Genentech, Johnson and Johnson, Merck, and ViiV – have agreed to begin accepting the form starting September 1st.

I want to thank all of these partners for stepping up. And we will continue to seek out new public-private collaborations that will help us beat this disease.

The unifying principle behind all these efforts, at home and abroad, is that they are guided by science and evidence. I'm proud of the leading role that America's National Institutes of Health have played in the research breakthroughs that have brought us within sight of an AIDS-free generation. Earlier this week, we took another step forward with the approval of Truvada, the first drug shown to reduce the risk of HIV infection in uninfected individuals at high risk.

And in the days ahead, you'll hear about promising next steps in other areas from basic science, to microbicides for women, to voluntary medical male circumcision, to improved therapies, to potential vaccines for HIV and TB, to our ultimate goal of a cure. Science is the reason this conference got started. And it remains the driving force behind our efforts to combat this disease.

In the weeks leading up to AIDS 2012, I've been thinking about the AIDS quilt, which is now being displayed at this conference and at locations across the city. Some of those 48,000 panels hang on the first floor of the building where I work. The panels are personal, covered with photos, family jokes, love letters, prayers, and doodles – with the careful cursive of mourning parents and the crooked block letters of children too young to fully know what they have lost. Many of those memorialized designed their own quilt pieces as one of their final acts before succumbing to a disease that was, at the time, a certain death sentence.

If we were to gather all these people all together, and tell them about all the progress we've made in the last two decades – about the scientific breakthroughs, about the millions now on treatment, about how people can now live long and productive lives with HIV – I think they would say: job well done.

But then I think they would ask how we could have effective care and treatment but still have millions of people living with HIV who go without it. They'd ask how we can have so much more understanding of prevention and still have millions of new infections each year. They'd

ask what we're doing to make sure that HIV is no longer a death sentence for anyone. They'd say, that's great that you've set a goal of AIDS-free generation, now hurry up.

And that's what brings us together for this important dialogue. This week is a chance for each of us to arm ourselves with the latest science, to trade best practices, to learn from each other, and then go back to our communities and countries with renewed energy and determination to finish the job.

On behalf of the United States, we are proud to be your hosts for the 19th International AIDS Conference. And we are honored to be your partners in this important work.

Thank you, and good night.